FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

to Which Report is Submitted General Services Administration	Federal Grant or Other Identifying Number Assigned By Federal Agency			OMB Approval No. 0348-0039	Page of	
				0346-0039	pages	
Recipient Organization (Name and complete ac State of Tennessee Division of Elections, 312 8th Avenue N		nville, Tennessee 37	243			
Employer Identification Number 5. Recipient Account Number		er or Identifying Number	6. Final Report ☐ Yes ☑ No	7. Basis Cash		
Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/16/2003 To: (Month, Day, Year) Open		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004		To: (Month, Day, Year) 12/31/2004		
10. Transactions:		Servicusky Basedad	I This Period	III Curantalina		
a. Total outlays		Previously Reported 0.00	0.00	Cumulative 0.00		
b. Refunds, rebates, etc.		0.00	0.00	0.00		
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00		
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00	0.00		
Recipient's share of net outlays, consisting of:		0.00			0.00	
Third party (in-kind) contributions Other Federal awards authorized to be used to match this award		0.00	0.00	0.00		
g. Program income used in accordance with the matching or cost		0.00	0.00	0.00		
sharing alternative h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00		
Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00		
· ·	· · · ·	0.00	0.00		0.00	
j. Federal share of net outlays (line d less line	i)	0.00	0.00		0.00	
k. Total unliquidated obligations				0.00		
Recipient's share of unliquidated obligations				0.00		
m. Federal share of unliquidated obligations				0.00		
n. Total Federal share (sum of lines j and m)				0.00		
Total Federal funds authorized for this funding period				2,473,971.00		
p. Unobligated balance of Federal funds (Line			2,4	173,971.00		
Program Income, consisting of:					0.00	
Disbursed program income shown on lines c and/or g above Disbursed program income using the addition alternative				0.00		
s. Undisbursed program income				0.00		
t. Total program income realized (Sum of lines q, r and s)					0.00	
a. Type of Rate (Place "X" in			enter en exployer et el en 17			
11. Indirect Provision Expense b. Rate	c. Base	d. Total Amount	Final e. F	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with						
governing legislation. Title 1, Section 102 Help America Vote						
13. Certification: I certify to the best of my kno unliquidated obligations are for			nplete and that all outla	ys and		
Typed or Printed Name and Title Mark Wood, Director of Fiscal Services			Telephone (Area code, number and extension) 615-741-2683			
Signature of Astronomed Servicing Official VVV			Date Report Submitted February 16, 2005			

Previous Edition Usable NSN 7540-01-012-4285 269-104

Standard Form 269 (Rev. 7-97)

ORIGINAL